

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Srijari Kumar

1st inventor's signature: _____ Dated: _____
Residence: 3475 Granada Avenue, #320, Santa Clara, CA 95051 Citizenship: Indian
Post Office Address: Same

Full name of 2nd joint inventor, if any: Sarven Desai

2nd inventor's signature: _____ Dated: _____
Residence: 3815 Susan Drive, Apt N-11, San Bruno, CA 94066 Citizenship: Indian
Post Office Address: Same

Full name of 3rd joint inventor, if any: John Kelley

3rd inventor's signature: _____ Dated: _____
Residence: 107 Primrose Way, Palo Alto, CA 94303 Citizenship: US
Post Office Address: Same

Full name of 4th joint inventor, if any: Blake Earl Hayward

4th inventor's signature: _____ Dated: _____
Residence: 3600 Bridge Park Way 2nd Floor, Redwood Shores, CA 94065 Citizenship: US
Post Office Address: P.O. Box 330441, San Francisco, CA 94133

Full name of 5th joint inventor, if any: Jennifer Green Scott

5th inventor's signature: Jennifer Scott Dated: 1/17/01
Residence: 2859 Union Street, San Francisco, CA 94123 Citizenship: US
Post Office Address: Same

Full name of 6th joint inventor, if any: Senthil Kumar Pandurangan

6th inventor's signature: _____ Dated: _____
Residence: 625 Teatree Ct, San Jose, CA 95128 Citizenship: Indian
Post Office Address: same

Full name of 7th joint inventor, if any: _____

7th inventor's signature: _____ Dated: _____
Residence: _____ Citizenship: _____
Post Office Address: _____

Full name of 8th joint inventor, if any: _____

8th inventor's signature: _____ Dated: _____
Residence: _____ Citizenship: _____
Post Office Address: _____